

12920 MAYES RD

01106222

8/12/08

marliwr

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361-5886 Roger Cathy

16394 [redacted]

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

50' LK 23 11 19 CR CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 201
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

COPY

PERSON FILING APPLICATION:
NAME: CATHEY (last) ROGER (first) L. (mi)
ADDRESS: PO Box 967 PHONE: 704 361-5886
CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28070

Date: 11-9-98

PROPERTY OWNER:
NAME: REASLING (last) JOE (first) (mi)
ADDRESS: 12920 MAYES RD PHONE: 704 892 6029
CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 011-062-22
STREET ADDRESS: 12920 MAYES RD HUNTERSVILLE, NC
ZONING:

Township (check one):
[X] 0 Mecklenburg County [] 1 Charlotte [] 2 Davidson [] 3 Cornelius [] 4 Pineville [] 5 Matthews [] 6 Huntersville [] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted]

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[redacted]

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Switching Bdrm to office Bdrm

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION: Suit 1730

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Roger L Cathey Date: 11-9-98

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

... O.K. to use existing system

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Environmentalist Date

_____

WATER : 122791

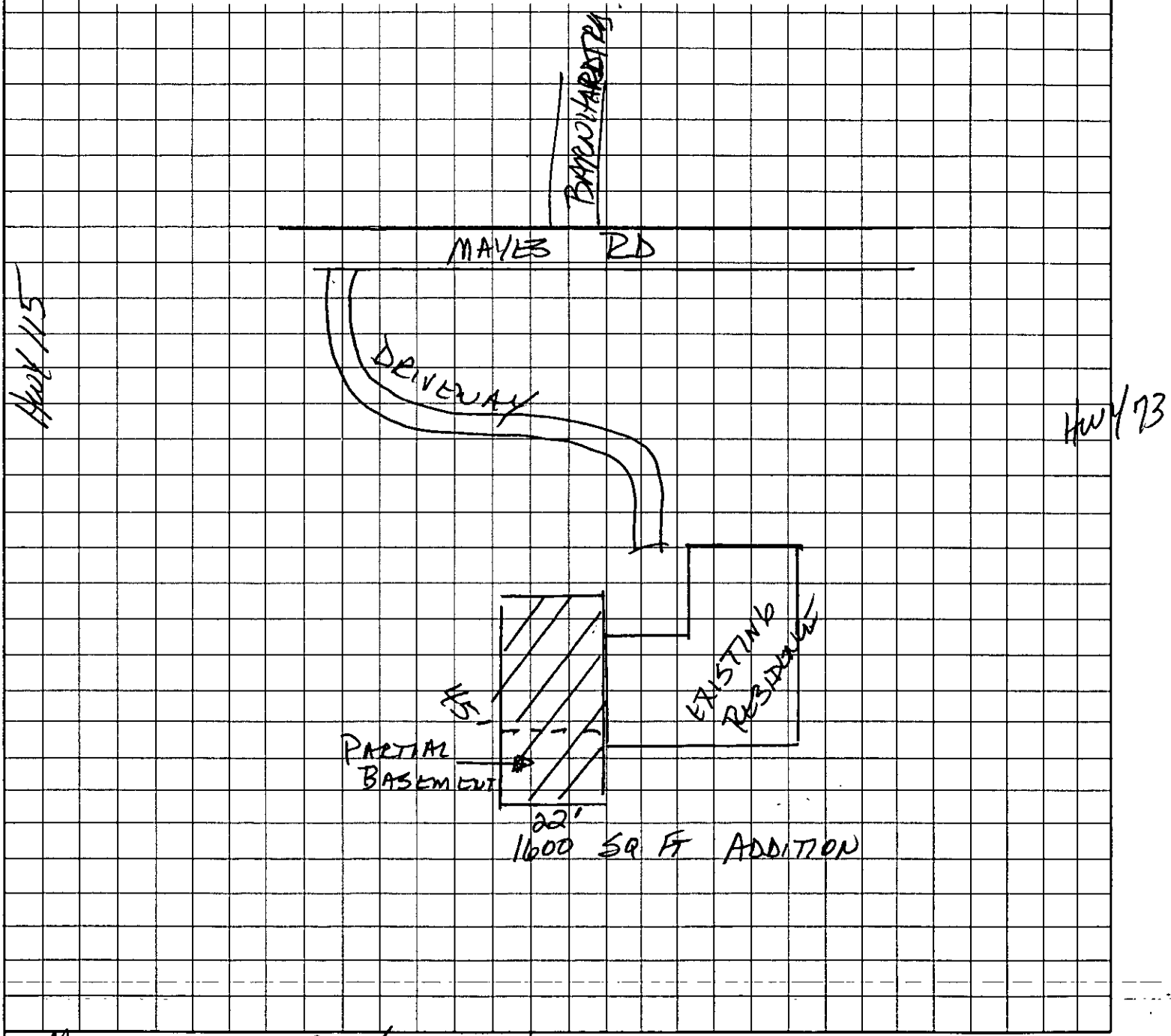
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 16394 ~~27588~~

TC: 011-062-22

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE Mary D Cooley

DATE 1-9-98

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

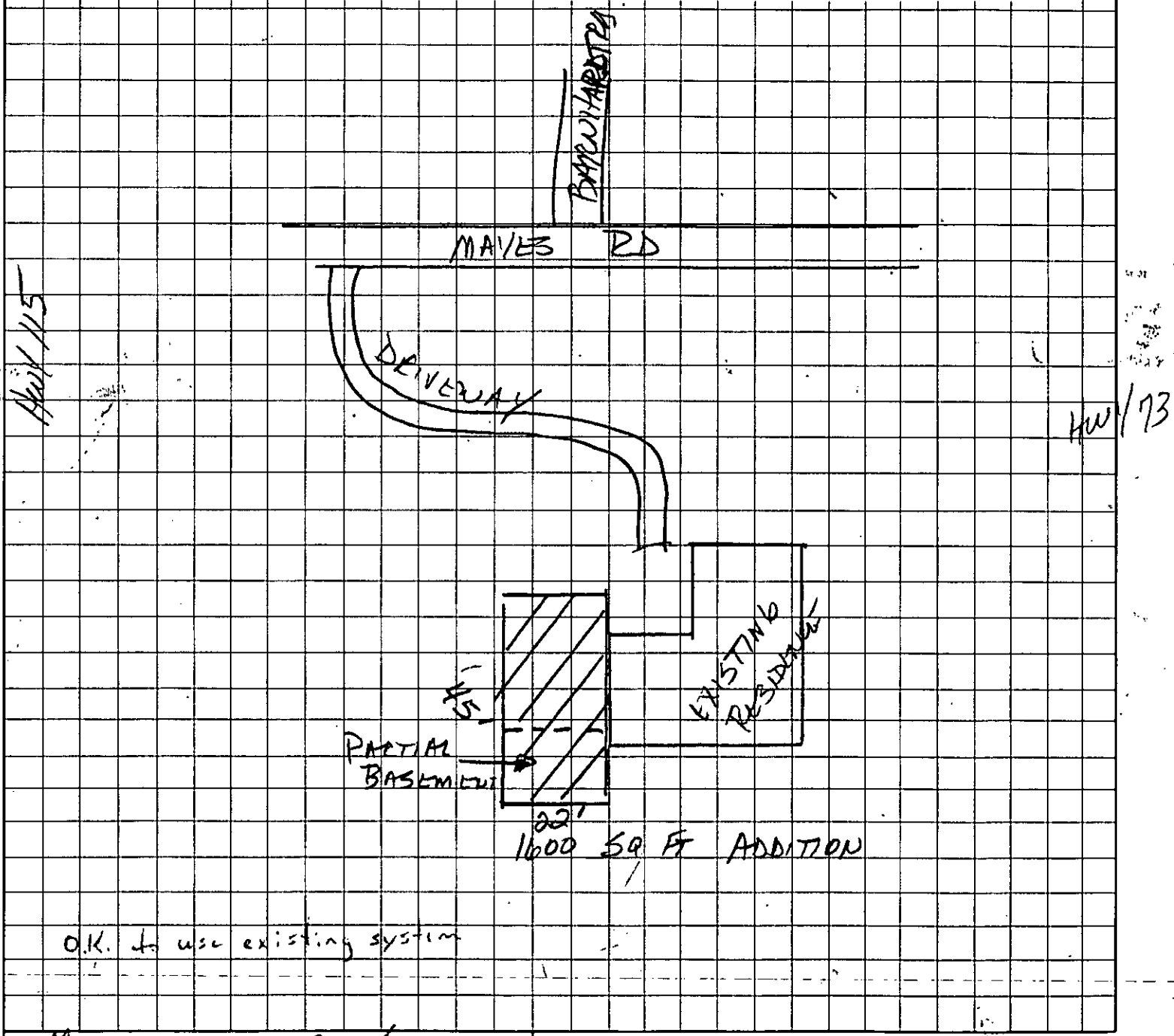
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FILE: ~~2-25-98~~ 16394

TC: 01-062-22

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Wayne D Cooley
OWNER/AGENT SIGNATURE

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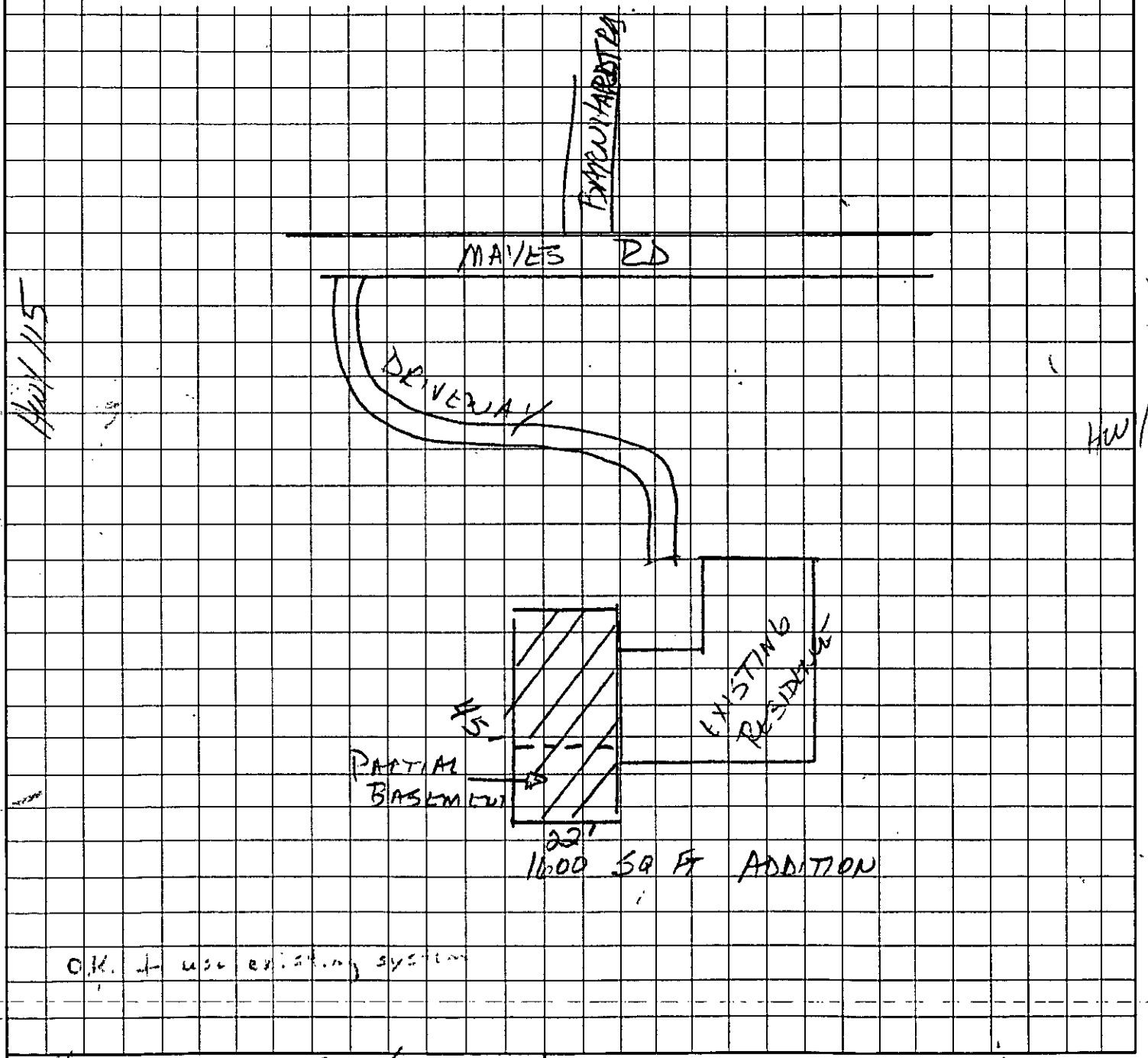
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DATE 11-9-98

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DATE 11/10/98

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION MECK

011-062-22
PARCEL NUMBER

12920 MAYES ROAD
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

N/A
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3. WATERSHED PROTECTION	APPROVED	NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: VERIFICATION FOR RE-MODELING + ADDITION OF SF RESIDENCE

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Brandon Gle

REVISED 1/91

THE
INFILTRATOR®
Chamber System



Gwen / Val

Roger Cathey will be in to pick up a permit.

The Site is O.K however; He must give us a before & after Floor plan drawing. He should LABEL All the rooms.

INFILTRATOR® SYSTEMS INC

Leading the way in septic and stormwater chamber systems

4 Business Park Road • P.O. Box 768 • Old Saybrook, CT 06475
800-221-4436

THE
INFILTRATOR®
Chamber System



Put a "hold" on the Computer and we will do a walk-thru when the building is Complete -

If I'm in find me and I'll Talk w/ him

Judy

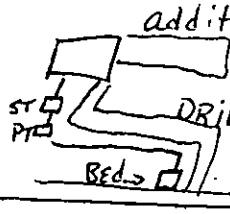
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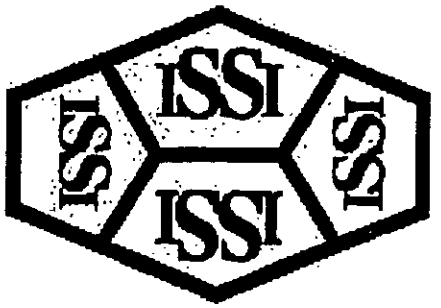
Judy,

This is the system layout for the addition on Mayes Rd. The addition will not be in or on the existing system.



Josh

check and see if addition is near any part of Existing system.
May get Before & after drawings from property owner.
Pmt will have occupancy hold.



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ISSI Operations Center Staff

16394

Serial No. 4058

ICAR(S) Permit No. [redacted]

T. C. No. 011-062-04

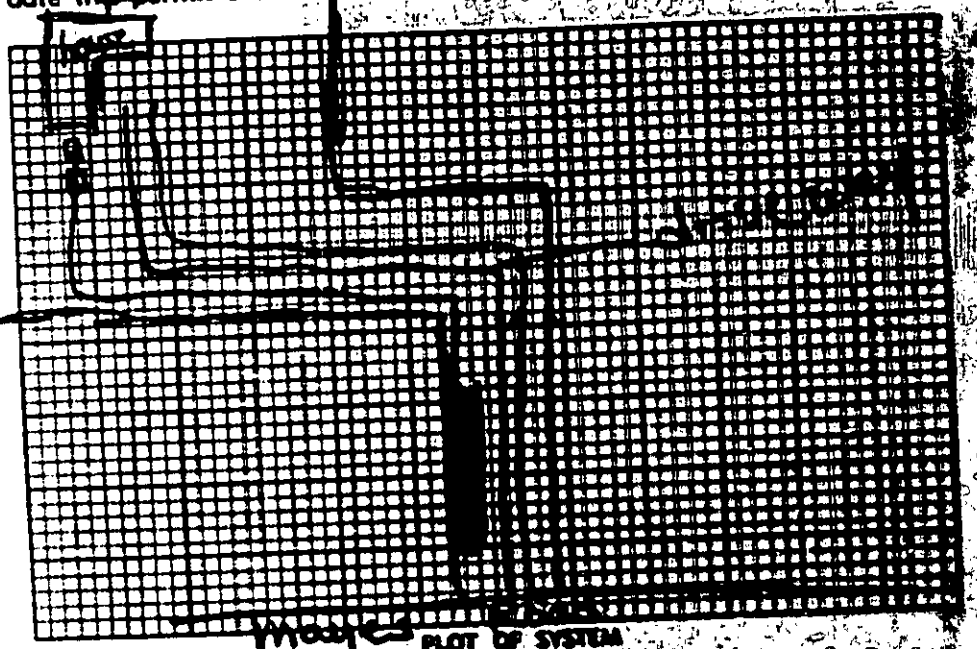
Date Issued 7-11-80

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

well +

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 16669 dated 2-21-80 and this permit shall be void and of no effect if the information provided in the application is untrue or is erroneous. All work shall be completed on or before 8-1-80, after which date this permit shall be null and void.



PLOT OF SYSTEM

Pump Capacity Rate 8 gpm + lift station

Liquid Capacity of Tank(s) 1500 gallons

Tank Construction precast concrete

Absorption and/or Nitrification Lines:

Total Line Length 495'-125'

Number of Lines 3 + 3

Distance from House 10'

Distance from Property Line 10'

Distance from Well >75'

NAME OF OWNER Robinson, Chad Drummond

LOCATION OF PROPERTY Mayes Road

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Comments: 15' wide x 99' long x 17" of stone for lift station drainfield
9' wide x 42' long x 17" stone for washer

Mike Sexton
Environmentalist

Division or Section Head

* If this permit is for the installation or construction of a new system, it must be signed by the division or section head of the Department of Environmental Health in order to be valid. Only the signature of the environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

1034
2758B

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APPLICATION FOR SERVICES

50' LK 3 95 11 19 [1] CRT

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NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION: Built 1980

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Industrial Wastes (Y/N) ___
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_____

WATER : 122791

PROPOSED PLOT PLAN

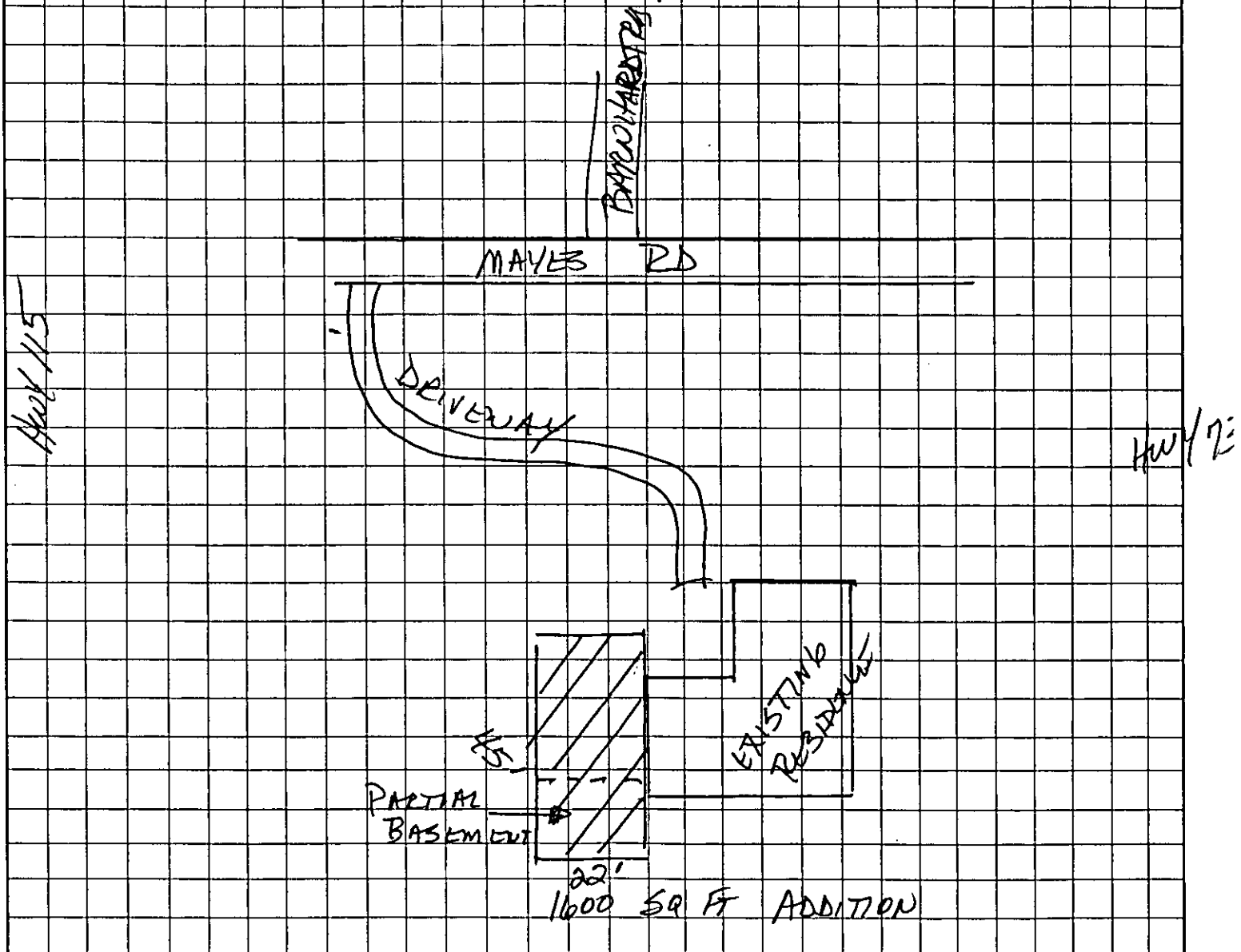
COPY

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Mecklenburg County

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- **Large-format Drawings**

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Box Number: 14

Number of pages associated with file: 1

General Comments: _____

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